



# CERTIFICATE OF INSURANCE

**This is to certify to:** (name of facility/ school board/city requesting a certificate – **NOT the team's name**)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

that the following described policy(ies) or binder(s) in force at this date have been effected to cover as shown below:

Name of Insured: **HOCKEY CANADA**  
801 King Edward Avenue, N204, Ottawa ON K1N 6N5

Name of Insured: **HOCKEY NEW BRUNSWICK**  
861 Woodstock Road, Fredericton NB E3B 7R7

**Name of Association :** \_\_\_\_\_

**Name of Team :** \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**\*Description of Event(s):** \_\_\_\_\_

**Location of the event(s):**  
(name and address) \_\_\_\_\_

**Date(s):** \_\_\_\_\_

TYPE OF INSURANCE	INSURER	POLICY N°	POLICY PERIOD	* LIMIT OF INSURANCE (CANADIAN FUNDS)
Commercial Liability Insurance	AIG Insurance company of Canada	95053500	May 1, 2017 to April 30 <sup>th</sup> , 2018	\$5,000,000 General Liability Insurance \$5,000,000 Annual Aggregate for Products and completed operations Participants (members of Hockey Canada) are included

**Additional Coverages:** Products and completed operations      Cross Liability Clause      Blanket Contractual Liability

**THE ABOVE ENTITIES WILL BE ADDED TO THE POLICY AS ADDITIONAL INSURED BUT ONLY WITH RESPECT TO THE OPERATIONS OF THE NAMED INSURED DESCRIBED ABOVE. THE CERTIFICATE APPLIES TO THE MEMBERS AND AUTHORIZED PERSONNEL OF THE INSURED WHILE OPERATING WITHIN THE SCOPE OF THEIR DUTIES AND APPLIES ONLY TO THE DATES OF THE EVENT AS MENTIONED ABOVE.**

This certificate's request form has been approved by: \_\_\_\_\_  
Branch Coordinator of Memberships

Please send completed form to [mstlaurent@hnb.ca](mailto:mstlaurent@hnb.ca) or 506-453-0868